



December 21, 2015

CLINICAL ADVISORY: Ocular Syphilis in Maryland

Between December 2014 and March 2015, 12 cases of ocular syphilis were reported to the Centers for Disease Control and Prevention (CDC) from two major cities, San Francisco and Seattle. Subsequent case finding indicated more than 150 cases reported over the past 2 years from 20 states. Several of the cases have resulted in significant sequelae including permanent blindness. In Maryland, preliminary investigations have identified 13 presumptive cases of ocular syphilis thus far in 2015.

Ocular syphilis and neurosyphilis can occur during any stage of syphilis, including primary and secondary stages. Ocular syphilis can involve almost any eye structure, but posterior uveitis and panuveitis are the most common. Initial symptoms can be subtle, including floaters, flashing lights, blurry vision, and ocular pain. Ocular involvement may lead to decreased visual acuity including permanent blindness. Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis and interstitial keratitis.

ESSENTIAL ACTIONS RECOMMENDED FOR CLINICIANS, INCLUDING EYE CARE AND HIV CARE PRACTITIONERS:

- ✓ **Be aware of ocular syphilis and screen for visual complaints in any patient at risk for syphilis.** Risk factors for syphilis include having sex with anonymous or multiple partners, sex in conjunction with illicit drug use, or having a partner who engages in any of these behaviors.
- ✓ **Assure that all patients diagnosed with syphilis, or suspected of having syphilis, are evaluated for ocular and neurological symptoms.** See page 3 for an *Ocular Syphilis and Neurosyphilis Screening Guide*.
- ✓ **Refer patients with positive syphilis serology and either ocular or neurological signs or symptoms immediately for: ophthalmologic evaluation; evaluation for lumbar puncture with CSF examination; and possible hospital admission and IV therapy.** When referring a patient for evaluation, please communicate to the evaluating provider the need to assess specifically for ocular or neurosyphilis. To facilitate timely diagnosis and treatment, consider giving the patient a copy of the completed *Ocular Syphilis and Neurosyphilis Screening Guide*.
- ✓ **Do not delay treatment while waiting for a lumbar puncture.**
- ✓ **Manage ocular syphilis according to current CDC treatment guidelines for neurosyphilis** (Aqueous crystalline penicillin G IV or Procaine penicillin IM with Probenecid for 10-14 days; see <http://www.cdc.gov/std/tg2015/syphilis.htm>).
- ✓ **Test all patients with syphilis for HIV if status is unknown or previously HIV-negative.**
- ✓ **Report all cases of ocular syphilis to your local health department within 24 hours of diagnosis.**
 - The case definition for an ocular syphilis case is as follows: a person with clinical symptoms or signs consistent with ocular disease (i.e. uveitis, panuveitis, diminished visual acuity, blindness, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis) with syphilis of any stage.
 - Confidential morbidity reporting instructions and the newly revised Maryland Confidential Morbidity Report Form can be found at <http://goo.gl/Dy5e8g>.

If possible, **pre-antibiotic clinical samples (whole blood, swabs from primary lesions and moist secondary lesions, CSF or ocular fluid) should be saved and stored at -80°C for molecular typing by the CDC.** To receive advice from CDC regarding shipment of clinical samples for molecular typing please contact: **Dr. Sara Oliver** at (404) 639-1204 or yxo4@cdc.gov. General information about syphilis can be found at: <http://www.cdc.gov/std/syphilis/>.

To receive technical assistance with treatment guidelines, ocular syphilis, neurosyphilis, or specific case consultations, please contact the Maryland Department of Health and Mental Hygiene's Center for STI Prevention (CSTIP) at DHHM.STIClinicalConsult@maryland.gov or (410) 767-6690. Additional STI-related resources for providers can be found on CSTIP's website: <http://goo.gl/2EBvK1>.

LIVE WEBINAR COMING SOON

"Ocular Syphilis: New Challenges of an Old Disease"

Wednesday, January 20, 2016 from 12 to 1 pm

Presented by Anne M. Rompalo, MD, ScM

Professor of Medicine, Obstetrics and Gynecology, and Epidemiology, at the Johns Hopkins University School of Medicine, and the Bloomberg School of Public Health

No preregistration is necessary. Before the webinar, log on to:

<http://www.jhsph.edu/research/centers-and-institutes/mid-atlantic-public-health-training-center/>

Co-sponsors:

- Maryland Department of Health and Mental Hygiene's Center for STI Prevention
- The STD/HIV Prevention Training Center at Johns Hopkins
- The Mid-Atlantic Public Health Training Center at Johns Hopkins
- MedChi, the Maryland State Medical Society

This activity has been approved for *AMA PRA Category 1 Credit™* through MedChi, the Maryland State Medical Society. The webinar will be recorded and archived for two years.



OCULAR SYPHILIS & NEUROSYPHILIS SCREENING GUIDE

Patients who are suspected of having ocular syphilis or neurosyphilis should be referred for immediate evaluation of these symptoms. Evaluation for ocular syphilis and neurosyphilis symptoms will often require a lumbar puncture.

When referring a patient for evaluation, please communicate to the evaluating provider the need to assess specifically for ocular or neurosyphilis. To facilitate timely diagnosis and treatment, consider giving the patient a copy of the completed *Ocular Syphilis & Neurosyphilis Screening Guide*.

SYMPTOMS OF OCULAR SYPHILIS

- | | | |
|--|------------------------------|-----------------------------|
| 1) Have you recently had a change or blurring in your vision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Do you see flashing lights? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Do you see spots that move or float by in your field of vision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Have you recently had pain or redness in one or both eyes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Consider evaluation and treatment for ocular syphilis in patients with new changes in vision, including loss of vision, blurring, seeing spots or flashing lights and pain and/or redness in one or both eyes.

SYMPTOMS OF NEUROSYPHILIS

- | | | |
|---|------------------------------|-----------------------------|
| 5) Have you recently been having headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Have you had new weakness in any part of your body (including your arms, legs, or face)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Have you had problems walking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Have you had problems with memory or confusion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Do you feel (or have you been told) that your personality has changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Consider evaluation and treatment for neurosyphilis in patients with new-onset of headaches (or headaches that are different from their usual headaches); new and persistent change in personality, memory or judgment; new numbness or weakness in the face, arms or legs; and/or new gait incoordination.

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